

TO: SECURITY DEPOSIT INVESTIGATOR
DEPARTMENT OF BANKING
260 CONSTITUTION PLAZA
HARTFORD, CT 06103

**YOU MUST
COMPLETE
ALL ITEMS !**

**YOUR COMPLAINT WILL NOT BE
PROCESSED WITHOUT THE
REQUIRED DOCUMENTATION**

COMPLAINT FILED BY: Mr./Mrs./Ms. _____

FULL ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ Business _____

This complaint is filed against the landlord named below for failing to: (please check)

☐ Pay interest on a security deposit ☐ Return a security deposit

YOU MUST PROVIDE THE LANDLORD WITH A FORWARDING ADDRESS BY CERTIFIED MAIL

Have you done this? _____ Date forwarding address was given: _____ **Attach a copy ***

LANDLORD: Mr./Mrs./Ms. _____

FULL ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ Business _____

APARTMENT OR HOUSE RENTED:

FULL ADDRESS _____ CITY _____ ZIP _____

Name of Housing Complex (if any) _____

Amount of monthly rental \$ _____ Amount of security deposit \$ _____

Did you have a lease _____

(If so **enclose a copy***)

OR

Month-to-month rental? _____

If not noted on your lease, do you have a receipt for your security deposit? _____ **Enclose a copy.***

Amount of any other deposit \$ _____
(Specify) _____

Date occupancy started _____

Date you last paid rent _____

Date occupancy terminated _____

Has interest ever been paid on your security deposit? _____ Date _____ Amount \$ _____

Has any part of your security deposit been returned? _____ Date _____ Amount \$ _____

Has the landlord sent you a letter regarding your security deposit? _____ **If so, please enclose a copy.**

Dated _____ Your Signature _____

(Please use reverse side for additional comments)

PLEASE ENCLOSE ALL REQUESTED COPIES

***ABSOLUTELY NECESSARY TO PROCESS YOUR COMPLAINT**